How are Personal Values Linked to Help-Seeking Stigma?

Abstract

The extent to which individuals prioritize different personal values may be conceptually linked to perceptions of societal stigma associated with seeking psychological help (public stigma), as well as the extent to which that stigma is applied to themselves (self-stigma). The present study examined how personal values predicted public stigma and self-stigma of seeking psychological help. Undergraduates (N = 342) from two universities—one historically black college/university and one predominantly white institution—completed questionnaires assessing personal values, public stigma, and self-stigma of seeking psychological help. Self-transcendence values predicted lower self-stigma directly and indirectly via public stigma. Though there were no structural differences between the modeled relationships of values, public stigma, and self-stigma between Black/African American and White/European American undergraduates, the groups differed in their prioritization of self-transcendence, openness to change, and conservation values. Results suggest that understanding how individuals prioritize certain values over others may help explain group-differences in help-seeking stigmas.

Keywords: values, psychological help, public stigma, help-seeking, self-stigma

Significance of the Scholarship to the Public

The present study indicated that undergraduates who prioritize values that focus on the well-being of others report that seeking psychological help would be less stigmatizing. Because students' values may be linked to their tendency to stigmatize, in order to reduce stigma, it may be important for universities to assess the implicit and explicit values they promote.

How are Personal Values Linked to Help-Seeking Stigma?

College students' levels of psychopathology have increased over recent decades (Twenge et al., 2010), and annual prevalence rates for mental health concerns such as depression (17.7%), anxiety (10.5%), suicidal ideation (7.6%), and non-suicidal self-injury (16.5%) are high; however, less than half of college students with apparent mental health concerns seek treatment in a given year (Ketchen Lipson, Gaddis, Heinze, Beck, & Eisenberg, 2015). One reason for this reluctance may be to avoid stigmatization (U.S. Department of Health and Human Services, 1999). When a person is aware of and agrees with society's negative stereotypes related to seeking psychological help (public stigma), and applies those stereotypes to one's self (self-stigma)—that person is more likely to avoid relevant treatment information and avoid taking steps toward recovery (Corrigan, Larson, & Rüsch, 2009; Lannin, Vogel, Brenner, Abraham, & Heath, 2016; Lannin, Vogel, Brenner, & Tucker, 2015). To curtail stigma, it is important to first understand individual differences such as personal values, and cultural factors such as race/ethnicity, that contribute to it (Brown, 2012; Ingram, Lichtenberg, & Clarke, 2016). University students are in the middle of an important developmental period where social identities are becoming internalized as values (Gecas, 2000). Therefore, the present research explored the largely unexamined associations between the prioritization of personal values and help-seeking stigma in two universities with different racial/ethnic compositions.

Personal Values

The personal values that one prioritizes play an important role in decisions (Lindeman & Verkasalo, 2005; Schwartz, 2012). Personal values refer to enduring beliefs about preferred personal conduct (e.g., ambitious, forgiving) or states of existence (e.g., inner harmony, security, pleasure) that express psychological needs and guide attitudes and behavior (Schwartz, 1992). Values are more prescriptive and abstract than attitudes, referring to a person's general preferred state of being—such as being broad-minded—or a preferred personal circumstance—such as having a comfortable life (Rokeach, 1973). Moreover, values involve judgments of importance

versus unimportance, whereas attitudes reflect judgments that correspond to a person's likes and dislikes (Maio, 2017).

Schwartz' theory of basic human values describes dynamics associated with a set of human values that occurs across human cultures (see Schwartz 1992, 1994; and Schwartz et al., 2012), and which can be grouped into a circular structure of 19 values (see *Figure 1*). These 19 values occur along two independent axes, which give rise to four distinct, higher order values that correspond with basic human motivations: self-transcendence, self-enhancement, openness to change, and conservation. On each axis, values on one pole represent underlying motivations that oppose motivations on the other pole—a dynamic that occurs within a person and across persons (e.g., Borg, Bardi, & Schwartz, 2017).

On the first axis, values focused on enhancing others' wellness (self-transcendence) oppose those motivated by the pursuit of one's own status and success (self-enhancement). Schwartz and colleagues has established that the higher-order self-transcendence value is composed of values that focus on the well-being of one's 'in-group' (benevolence values, such as honesty and mature love), as well as 'all people' (universalism values, such as social justice and diversity), whereas the higher-order self-enhancement value is composed of values that focus on differentiating one's self from others via socially-sanctioned demonstrations of competence/success (achievement values, such as ambitiousness and success) and prestige/dominance (power values, such as wealth and social recognition). On the second axis—perpendicular to the first—openness to change is composed of values that focus on novelty/excitement (stimulation values, such as a varied life and daringness), pleasure (hedonism values, such as pleasure and self-indulgence), and independence/mastery (self-direction values, such as curiosity and independence). Openness to change opposes conservation, which is composed of values that focus on maintaining the status quo by inhibiting inclinations that disrupt group-functioning (conformity values such as self-discipline and obedience) and by expressing group customs (tradition values such as devoutness and respect; see Schwartz, 2012).

While there is cross-cultural evidence that there is a relatively consistent set of personal values that exists (Schwartz & Bilsky, 1990), it is also clear that individuals and cultures prioritize values differently within this set, influencing subsequent attitudes, beliefs, and behaviors (Cieciuch, Schwartz, & Davidov, 2015; Maio, 2017; Sagiv & Roccas, 2017). In the United States, minority groups hold certain values distinct from the dominant "White" culture (Berry & Mitchell-Kernan, 1982; Subervi-Velez, 1986). For example, communalism and group harmony, spirituality, and individual expression have been identified as important values in Black/African American communities (Tyler et al., 2008). In turn, White/European American culture tends to emphasize individualism, competition, autonomy, and self-achievement (Hofstede, 1980). The different way individuals and cultures prioritize the importance of values has implications for how stigmatizing they may view psychological help-seeking.

Values Predicting Stigma Associated with Psychological Help-Seeking

Stigma associated with seeking psychological help is composed of both public stigma and self-stigma (Vogel, Bitman, Hammer, & Wade, 2013). *Public stigma* of seeking help corresponds to one's perceptions of negative societal stereotypes regarding those who seek psychological services (Komiya, Good, & Sherrod, 2000). For example, one might personally agree with societal stereotypes that help-seekers are weak, disturbed, or crazy (Hammer & Vogel, 2017); in turn, *self-stigma* of seeking help refers to when one applies the negatives labels about help-seekers to one's self (Vogel, Wade, & Haake, 2006). The more a person believes that help-seekers are devalued and stigmatized, the more likely they are to devalue themselves as they anticipate seeking help (Lannin et al., 2015). The assertion that self-stigma is the internalized form of public stigma is supported by both theory (Corrigan, 2004; Link, 1987) and multiwave cross-lag analyses (Vogel et al., 2013).

Prioritizing certain personal values could be related to the perceptions of societal stereotypes toward those who seek psychological help (i.e., public stigma), which in turn may be linked to the extent to which they believe stigma applies to themselves (i.e., self-stigma). Self-transcendence and self-enhancement values may demonstrate differential relationships on self-

stigma through public stigma. The literature on racial prejudice provides an analogue to help-seeking stigma, as the literature supports the conceptualization that those who prize self-transcendence and deemphasize self-enhancement are less likely to stigmatize and discriminate against a variety of outgroups (Maio, 2017; Vecchione, Caprara, Schoen, Castro, & Schwartz, 2012). The tendency to prioritize self-transcendence values has been linked to less preferred social distance from persons with mental illness (Norman, Sorrentino, Windell, & Manchanda, 2008). Overall, the research suggest that those who prioritize self-transcendence values may feel more compassion for help-seekers and disagree with negative societal stereotypes that discredit those who seek psychological help; and, because they may be less prone to stigmatize others, those prioritizing self-transcendence values may also be less prone to internalize stigmatizing labels and apply them to themselves (i.e., self-stigma; Vogel et al., 2013).

In contrast, a person prioritizing self-enhancement values may be more prone to report help-seeking stigma because self-enhancement values reflect motivation to differentiate one's status as superior to others, a process that often entails downward social comparison (Suls, Martin, & Wheeler, 2002). Furthermore, prior research has linked self-enhancement values to right-wing authoritarianism and social-dominance orientation (Cohrs, Moschner, Maes, & Kielmann, 2005), social attitudes linked to greater prejudice toward outgroups (Duckitt, 2006). Endorsing the societal disparagement of outgroups, such as help-seekers, may help facilitate broader self-enhancement goals—heightening self-perceptions of social power and achievement in comparison to those they disparage. Therefore, we predicted that individuals who prioritize self-transcendence values may be less inclined to stigmatize others who seek psychological help, whereas individuals who prioritize self-enhancement values may be more inclined to stigmatize others who seek help; however, these relations have not been empirically examined.

Even though the openness to change/conservation axis of values may also be theoretically predictive of endorsement of broader societal stigmatization, the literature shows mixed findings. Conservation values, but not openness to change values, have been found to be weakly (r = .18) predictive of preferred social distance from those with mental illness in college student samples

(Norman et al., 2008), but this predictor became non-significant when other values and beliefs were entered as predictors. Relatedly, Asian American college students who showed stronger adherence to conservation values such as humility and conformity reported fewer positive attitudes and a lower willingness to seek psychological help (Kim, 2007). Higher levels of the personality trait of openness to experience, which is conceptually related to the value of openness to change (Roccas, Sagiv, Schwartz, & Knafo, 2002), was associated with lower mental illness public stigma (Brown, 2012; Ingram et al., 2016) in college student samples. It is also possible that similar mediating relationships may be present on the openness to change versus conservation dimension of values. A person who prioritizes openness to change values may view help-seekers as benign to their personal efforts to pursue novelty, stimulation, and self-direction; thus, they may be less inclined to endorse public stigma and subsequent self-stigma. On the other hand, because a person prizing conservation values may be highly invested in maintaining social norms and social institutions, they may view help-seekers more negatively, as disrupters of the status quo; however, these predictions have not been tested.

Researchers have recently started to examine cultural factors related to the presence of stigma; however, research examining the role of stigma in Black/African American communities is still limited as most studies have only examined public stigma and few have examined why there are differences in this stigma (Abdullah & Brown, 2011). In a sample of Black/African American mental health consumers ($N = 34$), stigma associated with mental illness was reported as a factor in the avoidance/delay of treatment (Alvidrez, Snowden, & Kaiser, 2008). However, a more recent study (Stansbury, Wimsatt, Simpson, Martin, & Nelson, 2011) found stigma surrounding mental illness (public stigma) was reported by only one third of African American college students ($N = 54$), suggesting that the stigmatization surrounding mental illness may be lessening. One qualitative study suggested that stigma arises more for Black/African Americans than White/European Americans when discussing mental health issues (Carpenter-Song, Chu, Drake, Ritsema M, & Alverson, 2010). However, other studies directly examining racial/ethnic differences have found mixed results; findings range from suggesting that Black/African

American hold more stigmatizing perceptions of mental health patients than White/European Americans (Masuda et al., 2009; Rao, Feinglass, & Corrigan, 2007), to finding no between-group differences (Whaley, 1997), to suggesting that White/European Americans hold more stigma than Black/African Americans (Givens, Katz, Bellamy, & Holmes, 2007). Relatedly, there were no statistically significant differences in the relationships between stigma and attitudes towards seeking psychological help for Black/African American and White/European American men (Vogel, Heimerdinger-Edwards, Hammer, & Hubbard, 2011). One reason for these different findings is that studies have tended not to differentiate public stigma from self-stigma and have not always accounted for psychological distress and previous help-seeking. Furthermore, studies have also not examined the role of values, which may be linked to help-seeking stigmas.

There may be important differences in the relations among values, public stigma, and self-stigma held across groups, such as Black/African American students and White/European American students. Though there is limited research examining these relations, one study found that among Black/African American students, those who adhered more strongly to an Afrocentric worldview—marked by communalism, unity, purpose, creativity, and faith—perceived greater help-seeking stigma and were more likely to conceal negative personal information (Wallace & Constantine, 2005). On the surface, the findings by Wallace and Constantine are somewhat surprising given that many of these Afrocentric values seem indicative of openness to change and self-transcendence values, which we would expect to be predict lower stigma. However, the Africentric Scale (Grills & Longshore, 1996) used by Wallace and Constantine is composed of items highlighting the salience of one's Black/African American community, and may therefore reflect greater prioritization of one's in-group, which could be more related to conservation values. In line with this, it may be important to utilize measures that assess values that occur in multiple cultural contexts (i.e., Schwartz, 1992, 2012) rather than values specific to a certain cultural group; this allows for cross-cultural comparisons and examining whether values differentially predict public stigma and self-stigma.

The Present Study

To our knowledge, no study has examined the empirical relations between personal values, public help-seeking stigma, and help-seeking self-stigma. The present study serves as an important first step in expanding previous help-seeking models by examining how values predict self-stigma of seeking psychological help through the mediating variable of public stigma. We included both mental distress (Lannin, Ludwikowski, Vogel, Seidman, & Anello, 2018) and previous therapy experiences (Schomerus, Matschinger, & Angermeyer, 2009) as predictors because both variables have been linked to increased likelihood of seeking help for psychological problems. We hypothesized that higher-order values would demonstrate differential indirect effects on self-stigma through public stigma. Specifically, due to differential associations with public stigma, self-transcendence would be associated with lower levels of self-stigma, whereas self-enhancement would exhibit opposite patterns. Although there is less support for links between openness to change values and conservation values on help-seeking public stigma, we explored indirect effects for these values—expecting openness to change to predict lower self-stigma via public stigma, with conservation exhibiting the opposite pattern.

We recruited students from two different types of collegiate institutions with different racial/ethnic compositions. This effort provided a more ethnically and racially diverse sample that allowed us to explore whether theoretically and empirically validated relations among values held across Black/African American students and White/European American students to predict public stigma and self-stigma. This also allowed us to explore whether Black/African American students prioritize values differently than White/European American students and whether the relationships between values and help-seeking stigmas differed across groups.

Method

Participants

A total of 342 undergraduates completed online surveys, which were distributed at two universities, one Predominantly White Institution (PWI; $N = 244$; 79% women; Age, $M = 20.3$, Range: 18─54; Race/Ethnicity: 78% White/European American, 8% Latinx/Hispanic American,

5% Black/African American, 4% Multiracial, 3% Asian/Asian American, 2% self-identify) and one Historically Black College/University (HBCU; $N = 98$; 83% women; Age, $M = 19.7$, Range: 18─26; Race/Ethnicity: 79% Black/African American, 10% Asian/Asian American, 5% Multiracial, 2% White/European American, 2% self-identify, 1% American Indian, 1% Latinx/Hispanic American).

Measures

Personal values. The Portrait Values-Questionnaire Revised (PVQ-RR) assessed personal values (Schwartz et al., 2012). The PVQ-RR is a 57-item scale that measures each of 19 individual values and four higher-order values. The PVQ-RR describes a person in terms of values that are important to them (e.g., "It is important for him/her to protect his/her public image" and "It is important for him/her that every person in the world has equal opportunities in life"). Typically, participants are provided with a version of the scale that corresponds to their gender; however, so that participants would not need to choose a binary-gender to complete the PVQ-RR, we adapted the PVQ-RR so that gender-specific pronouns (e.g., him/his) were replaced with gender-inclusive pronouns (they, their). Participants were asked to respond to the prompt, "How much is this person like you?" by rating items on a 6-point scale where 1 = *Not like me at all* to 6 = *Very much like me*. Higher scores reflect greater importance of a value. Providing evidence for validity, individual and higher-order values correlate with theoretically consistent attitudes and demographic variables, such as age, education, and gender (Schwartz et al., 2012). Four higher-order value subscales can be calculated from the PVQ-RR. In the current study internal consistency scores of the subscales were self-transcendence, HBCU $\alpha = .81$, PWI $\alpha = .86$; conservation, HBCU $\alpha = .83$, PWI $\alpha = .85$; self-enhancement, HBCU $\alpha = .78$, PWI $\alpha = .78$; and openness to change, HBCU $\alpha = .81$, PWI $\alpha = .86$.

Public stigma. The Stigma Scale for Receiving Psychological Help (SSRPH; Komiya et al., 2000) assessed perceptions of public stigma associated with seeking psychological help. The SSRPH is a five-item scale that measures the extent to which a person endorses societal stigma related to individuals who receive psychological help. A sample item is, "It is a sign of weakness

or inadequacy to see a psychologist for emotional or interpersonal problems" (Komiya et al., 2000). Items were rated on a 5-point scale where 1 = *strongly disagree* and 5 = *strongly agree*, with higher scores reflecting greater perceptions of public stigma. Evidence for validity has shown a moderate negative correlation with attitudes toward seeking psychotherapy. The internal consistency scores in the present samples were: HBCU α = .80, PWI α = .71.

Self-stigma. The Self-Stigma of Seeking Help (SSOSH) scale measured participants' self-stigma related to seeking psychological help (Vogel et al., 2006). The 10-item scale phrases items hypothetically, such as "I would feel inadequate if I went to a therapist for psychological help" (Vogel et al., 2006). Items were rated on a 5-point Likert scale where 1 = *strongly disagree* and 5 = *strongly agree*. Five items are reverse-scored so that higher scores correspond to higher self-stigma. Previous support for the validity of the SSOSH has indicated positive relations with the public stigma of seeking psychological help (i.e., beliefs that society stigmatizes help-seeking) and anticipated risks of disclosing in therapy, as well as negative relations with attitudes toward seeking professional counseling and intentions to seek therapy (Vogel et al., 2006). The internal consistency scores in the present samples were: HBCU α = .81, PWI α = .87.

Distress. The Self-Administered K6+ is a 6-item measure assessed psychological distress (Kessler, Andrews, & Colpe, 2002). Participants were presented with the sentence stem "During the past 30 days, about how often did you feel…" and rated answers, such as "nervous" and "hopeless," on a 5-point Likert scale where 1 = *all the time* and 5 = *none of the time*. A clinical score is calculated by summing scores after converting the scale items so that 0 = *none of the time* and 4 = *all of the time*. Previous research supports the validity of the K6+ due to its ability to discriminate between clinical and non-clinical populations (Kessler et al., 2002), as well as internal reliability with Cronbach's alpha values ranging from .89 to .92. Clinical scores above 4 indicate moderate mental distress, considered appropriate for seeking help, and clinical scores above 12 indicate the likely presence of a serious DSM-IV disorder within the last 12 months (Prochaska et al., 2012). Internal consistency in both samples were: HBCU α = .87, PWI α = .85.

Previous help-seeking. Students' previous psychological help-seeking was assessed using a single item that asked, "As an adult, have you ever visited a counselor to discuss a mental health concern, such as depression, anxiety, or a relationship concern." This item was coded such that 0 = *no* and 1 = *yes*.

Procedures

Participants who were at least 18 years of age from both universities were able to sign up for the present online study via their psychology departments' research participant pool (i.e., SONA). After providing informed consent, participants completed an online survey using Qualtrics software in exchange for course credit. All participants completed questionnaires assessing personal values, public stigma of seeking help, self-stigma of seeking help, and demographic information. All measures were presented in random order to prevent order effects. Upon completion, participants were asked whether they would like additional mental health information (yes/no), with yes responses redirecting students to an external website (Half of Us, 2017). All students were then presented a debriefing statement along with information about how to obtain free counseling services via their respective universities. All study procedures were approved by both universities' institutional review boards.

Results

Descriptive Analyses

Missing data for individual scale items ranged from 0.0% to 1.2%, and Little's (1998) Missing Completely at Random (MCAR) test was statistically significant, χ^2 (2575) = 2936.78, p < .001. Because the percentage of missing items was very low, we created composite scores for all continuous variables based on participants' completed survey items and utilized full information maximum likelihood method in MPLUS 7, which estimates a likelihood function for each participant based on all available variables (Muthén, Kaplan, & Hollis, 1987).[1] Tables 1 and 2 display descriptive data and correlations between personal values and stigma variables.

[1] To examine missing data patterns MCAR analyses were conducted on SSRPH, SSOSH, and PVQ-RR items independently; SSRPH items were MCAR, χ^2 (8) = 4.36, p =.82; Range 0.0% — 0.3%, as were SSOSH items, χ^2

Main Analyses

To test hypotheses, path analyses were conducted in which the four higher order personal values—self-transcendence, self-enhancement, openness to change, and conservation—predicted public stigma of seeking help, which in turn predicted self-stigma of seeking help (see *Figure 2*). Distress levels and previous help-seeking behavior (i.e., whether an individual had previously sought help from a counselor or therapist) were included as control variables. Chi-square and the following indices were utilized to assess each model's goodness of fit to the data: Comparative Fit Index (CFI; values of .95 or greater), Tucker–Lewis Index (TLI; values of .95 or greater), and Root Mean Square Error of Approximation (RMSEA; values of .06 or less; Hu & Bentler, 1999). A chi-square difference test indicated that the hypothesized (fully-mediated) model, $\chi^2(4, N = 342) = 10.37$, $p = .03$, CFI = 0.94, TLI = 0.81, RMSEA = 0.07, 90% CI = [0.02, 0.12], did not demonstrate a good fit to the data (cf. TLI, RMSEA). Although we hypothesized that values such as self-transcendence and self-enhancement would be linked to self-stigma because they would constrain beliefs about other peoples' help-seeking (i.e., through public stigma as a mediator; see Norman et al., 2008), it is conceivable that values could demonstrate direct effects on self-stigma as well (*Authors redacted for blind review,* in press). Therefore, we added paths from both self-transcendence and self-enhancement to self-stigma, and these additions improved model fit to an acceptable level, $\chi^2(2, N = 342) = 0.78$, $p = .68$, CFI = 1.00, TLI = 1.07, RMSEA = 0.00, 90% CI = [0.00, 0.08], $\chi^2_{\text{diff}}(2) = 9.59$, $p = .008$. Thus, in order to maintain adequate model fit we retained both direct paths in our final model (see *Figure 2*).

Only self-transcendence predicted public stigma in the hypothesized direction, and public stigma significantly and positively predicted self-stigma. To test the significance of the indirect effects of the higher order personal values on self-stigma of seeking help within the final models,

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(27) = 25.38, p =.55; Range 0.0% — 0.3%. PVQ-RR items were not MCAR, χ^2 (1582) = 1885.92, $p < .001$; Range 0.0% — 1.2%. It is possible that some participants were fatigued in their responding to the PVQ-RR (57 items) because is significantly longer than the SSOSH (10 items) and SSRPH (5-items).

we utilized a bootstrapping procedure. MPLUS 7 generated 10,000 bootstrap samples of the data, creating bias-corrected bootstrap confidence intervals (CIs) for the indirect effects (Shrout & Bolger, 2002). Results indicated that self-transcendence values had a negative total effect (β = −0.26, 95% CI = [−0.37, −0.15]) and indirect effect (β = −0.10, 95% CI = [−0.16, −0.05]) on self-stigma. There were no statistically significant indirect effects on self-stigma for self-enhancement (β = 0.04, 95% CI = [−0.01, 0.09]), openness to change (β = −0.03, 95% CI = [−0.08, 0.03]), or conservation values (β = 0.04, 95% CI = [−0.01, 0.09]).

Next, we examined differences between Black/African American and White/European American students in the strengths of the mediation model paths, by combining all Black/African American (N = 89) and White/European American (N = 193) students from both the HBCU and the PWI samples. In order to determine whether the groups differed across non-study variables, we first assessed these relevant between-group differences. There were no statistically significant differences between proportions of Black/African American and White/European American students who were the first in their families to attend college (Total Sample: 14%; χ^2 (1, N = 282) = .01, p = .91), of those attended counseling previously (Total Sample: 44%, χ^2 (1, N = 282) = 1.14, p = .29), or in terms of gender (Total Sample: 83% = woman; χ^2 (1, N = 282) = 2.28, p = .13). There were also no differences in age, F(1, 226) = 1.22, p = .27, η^2 = .01).

Prior to structural analyses, we wanted to explore whether there were differences in study variables across the two student groups. Although White/European American students reported higher frequencies of being prescribed mental health medication than Black/African American students (30% vs. 14%; χ^2 (1, N = 282) = 6.07, p = .01), Black/African American students clicked on a link to receive online mental health information at higher rates than White/European American students (25% vs. 13%; χ^2 (1, N = 282) = 8.49, p < .01). Black/African American students (M = 2.26, SD = 0.59) reported lower self-stigma than White/European American students (M = 2.55, SD = 0.68), F(1, 280) = 11.86, p < .01, η^2 = .04. There was not a between-group difference in public stigma, F(1, 280) = 1.03, p = .31, η^2 = .00. We then explored group differences in the relative importance of personal values across the four higher order values (i.e.,

self-transcendence, self-enhancement, openness to change, and conservation). Multivariate analysis of variance (MANOVA) results indicated a statistically significant multivariate effect for race/ethnicity on the relative importance of the four higher order personal values, $F(4, 277) = 5.46$, $p < .001$, $\eta^2 = .07$. As shown in *Figure 3*, post hoc ANOVA tests indicated a statistically significant effect for race/ethnicity on the values of self-transcendence, $F(1, 280) = 4.20$, $p = .04$, $\eta^2 = .02$, openness to change, $F(1, 280) = 8.78$, $p < .01$, $\eta^2 = .03$, and conservation, $F(1, 280) = 4.19$, $p = .04$, $\eta^2 = .02$, but not on self-enhancement, $F(1, 280) = 0.61$, $p = .44$, $\eta^2 = .00$.

We then conducted invariance tests for each path between values and stigma variables in the final model. Specifically, a series of multiple group comparison tests were conducted in which the model with constrained paths was compared to a model in which one of the paths was allowed to freely estimate across groups. Next, chi-square difference tests were conducted to examine whether the two models (i.e., constrained model vs. freely estimated model) had a significantly different model fit, with results finding no statistically significant differences between the strength of any paths between Black/African American and White/European American students, see Table 3.

Discussion

In the present study we investigated the relations between four higher-order personal values (i.e., self-enhancement, self-transcendent, openness to change, conservation; Schwartz, 1992; 1994; Schwartz et al., 2012) and stigmas related to seeking psychological help. The present research provides support for the idea that values can be conceptualized to exist within a larger, interrelated value-structure (Maio, 2017; Schwartz, 1992, 1994; Schwartz et al., 2012), and that how one prioritizes certain values informs the extent to which one stigmatizes other peoples' help-seeking as well as their own. In support of our hypothesis, results indicated that prioritizing self-transcendence is linked to lower help-seeking stigma. Specifically, self-transcendence had a direct, inverse, relationship with self-stigma, and an indirect, inverse relationship through its association with lower public stigma. This result indicates that prioritizing the well-being of others is linked to less stigmatizing beliefs about others who seek

psychological help (i.e., public stigma) as well as a person's own help-seeking efforts (i.e., self-stigma). This finding expands upon previous research that has found self-transcendence values were linked to lower tendencies to distance one's self from those with mental illness (Norman et al., 2008).

In contrast to our predictions, even though the zero-order correlation between self-enhancement values and both stigma variables were significant (see Table 1), results of the final model did not support our prediction that self-enhancement values would be linked to higher levels of self-stigma through public stigma. The zero-order correlations suggest that students who tend to focus on enhancing their own social status and prestige (i.e., self-enhancement values) are more likely to hold stigmatizing help-seeking beliefs. Indeed, preferring to envision one's self as self-reliant and socially recognized for accomplishments may be threatened by negative labels associated with seeking help, such as inadequate, inferior, and weak (Vogel et al., 2006). These correlations were aligned with Schwartz' theory (1992, 1994, 2012) that self-transcendence and self-enhancement represent conflicting motivations, and the priority of one higher-order value typically entails the suppression of the other; however, self-enhancement values did not have a unique effect on public or self-stigma when included in the same model as self-transcendence values (and other higher order values). Results need to be interpreted cautiously, given the significant zero-order effects, but it is possible that the unique effect of self-enhancement was diminished due to multicollinearity, a problem known to occur when including multiple values as predictors (see Schwartz et al., 2012). Future research is needed to more fully address this possibility.

Results did not support our hypothesis regarding the predicted associations of openness to change and conservation values with help-seeking stigma. Openness to change and conservation values did not predict public stigma or exhibit statistically significant indirect effects on self-stigma through public stigma. However, our results align with the broader literature that has found mixed results regarding the links between openness to change and conservation values with similar constructs as stigma (Brown, 2012; Ingram et al., 2016; Norman et al., 2008).

Racial/Ethnic Help-Seeking Differences

An exploration of between-group differences between Black/African American and White/European American students revealed interesting results. First, there were some differences in how both groups rated the importance of different values. Black/African American students prioritized values differently from White/European American students in three of four higher order values (see *Figure 3*). Specifically, Black/African American students regarded openness to change values as more important than White/European American students but regarded conservation and self-transcendence as less important (*see Figure 3*). Afrocentric values may represent a multifaceted construct that overlaps with both openness to change and self-transcendence values (Wallace & Constantine, 2005), while also highlighting in-group relationships. In addition to examining group-specific collections of values, future cross-cultural research may benefit from utilizing assessments of a common set of values that occur across numerous cultures, such as are used by Schwartz and colleagues (e.g., Rudnev, Magun, & Schwartz, 2018; Schwartz, 1992, 2012), may help illuminate the nature of these group differences in values.

Second, though both groups did not differ regarding public stigma or previous counseling attendance, Black/African American students reported lower levels of self-stigma and clicked on a link to receive online mental health information at a higher rate than White/European American students. These data provide a different understanding of Black/African Americans than in previous research. For example, studies have suggested that the Black/African American students seek psychological services at lower rates than White/European American students (Ayalon & Young, 2005) as well as less recognition of personal need of counseling (Masuda et al., 2009). Similarly, Black/African American students have been reported to hold greater stigma (i.e., anxiety) towards those with mental health issues and lower stigma tolerance (Masuda et al., 2009; p. 173) than White/European American students. However, our data suggests that these differences in help-seeking behavior may not be the result of initial decisions to find out more information about counseling services (i.e., Black/African-American students clicked on the link

to receive online mental health information at a higher rates) or self-stigma. Thus, differences found in previous work may reflect other factors such as trust in the services (Whaley, 2001) or belief that the services may not be helpful if the services are not presented in a culturally-congruent manner (Pope-Davis, Coleman, Liu, & Toporek, 2003). As a result, counselors may need to identify ways to present services in culturally-congruent ways with an understanding of which values are prioritized in different cultures. This issue might be particularly true as the current study assessed self-stigma (internalized stigma which has been found to be a more proximal predictor of help-seeking outcomes), while most previous studies have focused on public stigmas. Thus, the differences regarding lower self-stigma suggests they may not be as personally threatened by the prospect of seeking help (Vogel et al., 2006) and that any differences between Black/African American students and White/European American students in help-seeking rates may have more to do with factors related to the counseling process itself.

Finally, we found no evidence of group differences in the strengths of the paths between values and stigmas. This finding supports Schwartz's (1992, 1994, 2012) conceptualization of how values are structured. This finding suggests that, despite group differences in the importance of certain values, the interrelationships among values as well as the relationship between values and particular outcomes, such as help-seeking stigma, should not likely vary across groups. Though this provides some initial evidence of the generalizability of these findings across cultural groups, additional research is needed before more concrete conclusions can be made.

Strengths and Limitations

The present research has strengths, including its focus on testing clinical applications of a well-established psychological theory in a racially diverse sample, though it also has limitations. Data was cross-sectional, suggesting that evidence of causal relationships is inconclusive, and would benefit from longitudinal and experimental designs to eliminate additional variables that could be responsible for the present study's observed relationships. Although the present sample collected data from two universities with different racial/ethnic demographics, generalizing the findings beyond the present undergraduate samples—which were predominantly White women

in psychology courses—would require larger samples that are diverse in race and ethnicity, life-stage, gender, sexual orientation, and disability. Finally, the samples were collected at two different types of schools (HBCUs and PWIs), which may differ in other ways beyond race/ethnicity, potentially confounding results.

Implications for Practice, Advocacy, Education/Training, and Research

While clinicians and trainees may be encouraged to articulate their own values as well as inquire about their clients' values Council of Counseling Psychology Training Programs Association of Counseling Center Training Agencies, and Society of Counseling Psychology, 2009), some may struggle to do this because they lack a theoretical framework that could guide these conversations. One dynamic of Schwartz's (1992, 1994, 2012) value theory is that it provides a cross-cultural theoretical framework from which psychologists can engage in clinical discussions as well as in advocacy work. That is to say, it provides a framework of universal values that are present in most cultures; however, cultures and individuals within cultures prioritize values within that framework differently from one another (Fischer & Schwartz, 2011). Additionally, Schwartz' model may be a beneficial integration into counseling psychology training because it describes underlying motivational goals that underlie personal values; such information may be important for training clinicians who want to understand how clients' values impact their beliefs and behaviors (Bardi & Schwartz, 2003). For example, a client who prioritizes power (i.e., social status and prestige that includes control or dominance over people and resources) may find the demands of social interaction and group survival particularly salient; whereas, a client who prioritizes hedonism over other values (i.e., pleasure and sensuous gratification) may find their individual, organismal, needs as most pressing (Schwartz, 1994). Additionally, Schwartz's value theory may be a relatively easy model to conceptualize for many counseling psychologists because its visual-depiction places values as occurring along a circle, with similar constructs placed adjacently and dissimilar constructs placed across the circle.

Future research may benefit from exploring other factors such as acculturation or ethnic identity that may influence the prioritization of values and help-seeking stigma. Though cross-

national samples have examined differences in value-priorities in over 104 countries (Rudnev et al., 2018), less research has examined value-differences across subgroups within the United States; such research could provide important information regarding the individual difference and group-difference variables that are most salient in the help-seeking process. Although it may be beyond the scope of psychological research to examine the societal mechanisms that influence the values of different groups, interdisciplinary efforts in this area may be beneficial. For example, sociological methodology may be useful to uncover important contextual variables that explain the emergence of certain value-priorities, while psychological research may be able to expand upon why certain values impact a person's barriers to seeking psychological help. Finally, even though the results supported hypothesized relationships between self-transcendence and self-enhancement values on self-reported outcome variables, such as public stigma and self-stigma, future research could also benefit from prospective examination of the influence of personal values on actual help-seeking behaviors.

One important implication of the present research regarding outreach interventions to promote help-seeking behaviors involves a "bleed-over" effect, i.e., when a set of values is temporarily "engaged", a person is likely to prioritize motivationally consistent values and engage in behaviors consistent with that set of values (Maio, 2017; Maio, Pakizeh, Cheung, & Rees, 2009). This suggests that being encouraged to think about self-transcendence values could likely bleed over to encourage behaviors that align with that set of values and suppress opposing values (i.e., self-enhancement values). Future studies could benefit from examining stigma after experimentally manipulating the salience of self-transcendence values by utilizing priming techniques (e.g., Maio et al., 2009) or by asking participants to reflect on self-transcendence values via writing exercises or structured interviews. Such future research could inform outreach events and one-on-one conversations aimed at encouraging help-seeking behaviors, to empirically explore whether such activities may benefit from discussing the importance of a person's self-transcendence values, which are composed of benevolence and universalism values. Benevolence values can include principles such as honesty, forgiveness, responsibility,

helpfulness, loyalty, meaning in life, true friendship, a spiritual life, and mature love, while universalism values include principles, such as broadmindedness, a peaceful world, a beautiful world, environmental protection, unity with nature, social justice, wisdom, equality, and inner-harmony (see Schwartz, 1992).

It is important to note that self-transcendence conversations may potentially be most effective when they emphasize underlying self-transcendence motivations rather than extrinsic outcomes. This notion has important implications for how training programs and advocacy groups reward those under their charge. For example, a trainee who values self-transcendence—as demonstrated by a desire to help people in counseling—may also find it important to be concretely recognized and rewarded for being helpful, the latter being a more extrinsic motivation; emphasizing a trainee's achievement motivation may steer the conversation away from self-transcendence values and reduce their intrinsic motivation and well-being (Ryan & Deci, 2000). The present study also suggests that deemphasizing self-transcendence values may be linked to that trainee viewing their own help-seeking as more stigmatizing. Interestingly, many existing psychological strategies that seek to increase well-being may already implicitly promote self-transcendence values, such as advocating for marginalized people, encouraging self-compassion, establishing collegial mentoring arrangements, and focusing on larger efforts within counseling psychology (Patsiopoulos & Buchanan, 2011; Scheel, Stabb, Cohn, Duan, & Sauer, 2018).

The present study also implies that the theoretical and empirical relationships between values and stigma might help explain why certain students seek out, and others avoid or resist help. Specifically, self-transcendence values may be linked to less help-seeking stigma, a barrier to psychological help-seeking (Vogel et al., 2006). Thus, research could test the theoretical prediction that increasing the salience of self-transcendence values would result in higher levels of help-seeking behavior. Not surprisingly, self-transcendence values, such as social justice and diversity, are already core values of counseling psychology (Packard, 2009; Scheel et al., 2018), and the present research suggests that it may be beneficial if these values continue to be

emphasized. Indeed, counseling psychology's implicit and explicit promotion of self-transcendence values may help socialize students to be less stigmatizing toward help-seekers and their own help-seeking. However, one unintended consequence may be that students who deprioritize self-transcendence (and prioritizing other values) may sometimes avoid counseling because their most important values misalign with counseling.

It may be important for clinicians and researchers to inquire about clients' values at early stages of treatment to explore how the values of clients and therapists align and interact across treatment (Beutler, 1981). Even after initiating counseling, approximately one in five clients drop out (Swift & Greenberg, 2012). For clients who perceive a misalignment, it is possible to discuss "bridging" values that a therapist and client both prioritize—possibly values related to self-direction, values that are conceptually and empirically adjacent to both self-enhancement and self-transcendence higher-order values (see *Figure 1*), such as freedom, curiosity, independence, creativity, choosing one's own goals, privacy, and self-respect (Schwartz, 1992). Understanding, assessing, and exploring clients' and potential clients' values may be important work for counseling psychologists, and the present results suggest that personal values may be linked to whether potential clients denigrate those who seek help, even when those clients are themselves.

References

Abdullah, T., & Brown, T. L. (2011). Mental illness stigma and ethnocultural beliefs, values, and norms: An integrative review. *Clinical Psychology Review*, *31*(6), 934-948.

Alvidrez, J., Snowden, L. R., & Kaiser, D. M. (2008). The experience of stigma among Black mental health consumers. *Journal of Health Care for the Poor and Underserved*, *19*(3), 874-893.

Ayalon, L., & Young, H. A. (2005). Racial group differences in help-seeking behaviors. *The Journal of Social Psychology, 145*, 391–403.

Bardi, A., & Schwartz, S. H. (2003). Values and behavior: Strength and structure of relations. *Personality and Social Psychology Bulletin*, *29*(10), 1207-1220.

Beutler, L. E. (1981). Convergence in counseling and psychotherapy: A current look. *Clinical Psychology Review*, *1*(1), 79-101.

Borg, I., Bardi, A., & Schwartz, S. H. (2017). Does the value circle exist within persons or only across persons? *Journal of Personality*, *85*(2), 151-162.

Brown, S. A. (2012). The contribution of previous contact and personality traits to severe mental illness stigma. *American Journal of Psychiatric Rehabilitation*, *15*(3), 274-289. doi:10.1080/15487768.2012.703553

Carpenter-Song, E., Chu, E., Drake, R. E., Ritsema, M., Smith, B., & Alverson, H. (2010). Ethno-cultural variations in the experience and meaning of mental illness and treatment: implications for access and utilization. *Transcultural Psychiatry, 47*(2), 224-251.

Cieciuch, J., Schwartz, S., & Davidov, E. (2015). The social psychology of values. In *International encyclopedia of social and behavioral sciences (*2nd ed., 41-46). Elsevier.

Cohrs, J. C., Moschner, B., Maes, J., & Kielmann, S. (2005). The motivational bases of right-wing authoritarianism and social dominance orientation: Relations to values and attitudes in the aftermath of September 11, 2001. *Personality and Social Psychology Bulletin, 31*(10), 1425-1434.

Corrigan, P. (2004). How stigma interferes with mental health care. *American Psychologist 59*(7), 614-625.

Corrigan, P. W., Larson, J. E., & Rüsch, N. (2009). Self-stigma and the "why try" effect: impact on life goals and evidence-based practices. *World Psychiatry, 8*(2), 75-81. doi:

Council of Counseling Psychology Training Programs, Association of Counseling Center Training Agencies, and Society of Counseling Psychology. (2009). Counseling psychology model training values statement addressing diversity. *The Counseling Psychologist*, *37*(5), 641-643.

Duckitt, J. (2006). Differential effects of right wing authoritarianism and social dominance orientation on outgroup attitudes and their mediation by threat from and competitiveness to outgroups. *Personality and Social Psychology Bulletin*, *32*(5), 684-696.

Festinger, L. (1957). *A theory of cognitive dissonance.* Evanston, IL: Row, Peterson.

Fischer, R., & Schwartz, S. (2011). Whence differences in value priorities? Individual, cultural, or artifactual sources. *Journal of Cross-Cultural Psychology*, *42*(7), 1127-1144.

Gecas, V. (2000). Value identities, self motives, and social movements. In S. Stryker, T. J. Owens, & R. W. White (Eds.), *Self, identity, and social movements* (pp. 93-109). Minneapolis: University of Minnesota Press.

Givens, J. L., Katz, I. R., Bellamy, S., & Holmes, W. C. (2007). Stigma and the acceptability of depression treatments among African Americans and whites. *Journal of General Internal Medicine*, *22*(9), 1292-1297.

Grills, C., & Longshore, D. (1996). Africentrism: Psychometric analyses of a self-report measure. *Journal of Black Psychology*, *22*(1), 86-106.

Half of Us. (2017). Retrieved from https://www.halfofus.com

Hammer, J. H., & Vogel, D. V. (2017). Development of the Help-Seeker Stereotype scale. *Stigma and Health, 2*, 121-136.

Heath, P. J., Brenner, R. E., Lannin, D. G., & Vogel, D. L. (2018). Self-compassion moderates the relationship of perceived public and anticipated self-stigma of seeking help. *Stigma and Health, 3*(1), 65-68.

Hu, L., & Bentler, P. M. (1999). Cutoff criteria for fit indexes in covariance structure analysis: Conventional criteria versus new alternatives. *Structural Equation Modeling, 6,* 1-55. doi:10.1080/10705519909540118

Ingram, P. B., IV, Lichtenberg, J. W., & Clarke, E. (2016). Self-stigma, personality traits, and willingness to seek treatment in a community sample. *Psychological Services, 13*(3), 300-307. doi:10.1037/ser0000086

Kessler, R. C., Andrews, G., Colpe, L. J., Hiripi, E., Mroczek, D. K., Normand, S. L., ... & Zaslavsky, A. M. (2002). Short screening scales to monitor population prevalences and trends in non-specific psychological distress. *Psychological Medicine, 32*(6), 959-976. doi: 10.1017/S0033291702006074

Ketchen Lipson, S., Gaddis, S. M., Heinze, J., Beck, K., & Eisenberg, D. (2015). Variations in student mental health and treatment utilization across US colleges and universities. *Journal of American College Health, 63*(6), 388-396.

Kim, B. S. (2007). Adherence to Asian and European American cultural values and attitudes toward seeking professional psychological help among Asian American college students. *Journal of Counseling Psychology*, *54*(4), 474-480. doi:10.1037/0022-0167.54.4.474

Komiya, N., Good, G. E., & Sherrod, N. B. (2000). Emotional openness as a predictor of college students' attitudes toward seeking psychological help. *Journal of Counseling Psychology*, *47*(1), 138-143. doi:10.1037/AJ022-0167,47.1.138

Lannin, D. G., Vogel, D. L., Brenner, R. E., Abraham, W. T., & Heath, P. J. (2016). Does self-stigma reduce the probability of seeking mental health information? *Journal of Counseling Psychology*, *63*(3), 351-358. doi:10.1037/cou0000108

Lannin, D. G., Vogel, D. L., Brenner, R. E., & Tucker, J. R. (2015). Predicting self-esteem and intentions to seek counseling: The internalized stigma model. *The Counseling Psychologist*, *43*(1), 64-93. doi:10.1177/0011000014541550

Lindeman, M., & Verkasalo, M. (2005). Measuring values with the short Schwartz's value survey. *Journal of Personality Assessment*, *85*(2), 170-178. doi:10.1207/s15327752jpa8502_09

Link, B. G. (1987). Understanding labeling effects in the area of mental disorders: An assessment of the effects of expectations of rejection. *American Sociological Review*, 96-112.

Little, R. J. A. (1998). A test of missing completely at random for multivariate data with missing values. *Journal of the American Statistical Association, 83,* 1198-1202.

Maio, G. R. (2017). *The psychology of human values*. New York, NY: Routledge.

Maio, G. R., Pakizeh, A., Cheung, W. Y., & Rees, K. J. (2009). Changing, priming, and acting on values: effects via motivational relations in a circular model. *Journal of Personality and Social Psychology*, *97*(4), 699-715.

Masuda, A., Anderson, P. L., Twohig, M. P., Feinstein, A. B., Chou, Y. Y., Wendell, J. W., & Stormo, A. R. (2009). Help-seeking experiences and attitudes among African American, Asian American, and European American college students. *International Journal for the Advancement of Counseling, 31,* 168-180.

Muthén, B., Kaplan, D., & Hollis, M. (1987). On structural equation modeling with data that are not missing completely at random. *Psychometrika*, *52*(3), 431-462.

Norman, R. M., Sorrentino, R., Windell, D., & Manchanda, R. (2008). Are personal values of importance in the stigmatization of people with mental illness? *The Canadian Journal of Psychiatry*, *53*(12), 848-856.

Packard, T. (2009). The 2008 Leona Tyler Award Address: Core values that distinguish counseling psychology: Personal and professional perspectives. *The Counseling Psychologist*, *37*(4), 610-624.

Patsiopoulos, A. T., & Buchanan, M. J. (2011). The practice of self-compassion in counseling: A narrative inquiry. *Professional Psychology: Research and Practice, 42*(4), 301-307.

Pope-Davis, D. B., Heesacker, M., Coleman, H. L., Liu, W. M., & Toporek, R. L. (2003). *Handbook of multicultural competencies in counseling and psychology*. Sage.

Prochaska, J. J., Sung, H. Y., Max, W., Shi, Y., & Ong, M. (2012). Validity study of the K6 scale as a measure of moderate mental distress based on mental health treatment need and utilization. *International Journal of Methods in Psychiatric Research, 21*(2), 88-97.

Rao, D., Feinglass, J., & Corrigan, P. (2007). Racial and ethnic disparities in mental illness stigma. *The Journal of Nervous and Mental Disease*, *195*(12), 1020-1023.

Roccas, S., Sagiv, L., Schwartz, S. H., & Knafo, A. (2002). The big five personality factors and personal values. *Personality and Social Psychology Bulletin*, *28*(6), 789-801.

Rudnev, M., Magun, V., & Schwartz, S. (2018). Relations among higher order values around the world. *Journal of Cross-Cultural Psychology,* advance online print.

Rokeach, M. (1973). *The nature of human values*. New York, NY: Free press.

Ryan, R. M., & Deci, E. L. (2000). Self-determination theory and the facilitation of intrinsic motivation, social development, and well-being. *American Psychologist*, *55*(1), 68-78.

Sagiv L., & Roccas S. (2017) What personal values are and what they are not: Taking a cross-cultural perspective. In S. Roccas & L. Sagiv (Eds.), *Values and behavior* (pp. 3-13). New York, NY: Springer.

Scheel, M. J., Stabb, S. D., Cohn, T. J., Duan, C., & Sauer, E. M. (2018). Counseling psychology model training program. *The Counseling Psychologist, 46*(1), 6-49. doi:10.1177/0011000018755512

Schwartz, S. H. (2012). An overview of the Schwartz theory of basic values. *Online Readings in Psychology and Culture*, *2*(1).

Schwartz, S. H. (1994). Are there universal aspects in the structure and contents of human values? *Journal of Social Issues, 50*(4), 19-45.

Schwartz, S. H. (1992). Universals in the content and structure of values: Theoretical advances and empirical tests in 20 countries. *Advances in Experimental Social Psychology, 25,* 1-65.

Schwartz, S. H., Cieciuch, J., Vecchione, M., Davidov, E., Fischer, R., Beierlein, C., ... & Dirilen-Gumus, O. (2012). Refining the theory of basic individual values. *Journal of Personality and Social Psychology, 103*(4), 663-688.

Shrout, P. E., & Bolger, N. (2002). Mediation in experimental and nonexperimental studies: new procedures and recommendations. *Psychological Methods*, *7*(4), 422-445.

Stansbury, K. L., Wimsatt, M., Simpson, G. M., Martin, F., & Nelson, N. (2011). African American College Students: literacy of Depression and help seeking. *Journal of College Student Development*, *52*(4), 497-502.

Suls, J., Martin, R., & Wheeler, L. (2002). Social comparison: Why, with whom, and with what effect? *Current Directions in Psyhological Science, 11*(5), 159-163.

Swift, J. K., & Greenberg, R. P. (2012). Premature discontinuation in adult psychotherapy: A meta-analysis. *Journal of Consulting and Clinical Psychology, 80*(4), 547-559.

Twenge, J. M., Gentile, B., DeWall, C. N., Ma, D., Lacefield, K., & Schurtz, D. R. (2010). Birth cohort increases in psychopathology among young Americans, 1938–2007: A cross-temporal meta-analysis of the MMPI. *Clinical Psychology Review*, *30*(2), 145-154.

Tyler, K. M., Dillihunt, M. L., Boykin, A. W., Coleman, S. T., Scott, D. M., Tyler, C., & Hurley, E. A. (2008). Examining cultural socialization within African American and European American households. *Cultural Diversity and Ethnic Minority Psychology*, *14*(3), 201.

U.S. Department of Health and Human Services. (1999). Mental Health: A Report of the Surgeon General.

Vecchione, M., Caprara, G., Schoen, H., Castro, J. L. G., & Schwartz, S. H. (2012). The role of personal values and basic traits in perceptions of the consequences of immigration: A three nation study. *British Journal of Psychology*, *103*(3), 359-377.

Vogel, D. L., Bitman, R. L., Hammer, J. H., & Wade, N. G. (2013). Is stigma internalized? The longitudinal impact of public stigma on self-stigma. *Journal of Counseling Psychology*, *60*(2), 311-316.

Vogel, D. L., Heimerdinger-Edwards, S. R., Hammer, J. H., & Hubbard, A. (2011). "Boys don't cry": Examination of the links between endorsement of masculine norms, self-stigma, and help-seeking attitudes for men from diverse backgrounds. *Journal of Counseling Psychology*, *58*(3), 368.

Vogel, D. L., Wade, N. G., & Haake, S. (2006). Measuring the self-stigma associated with seeking psychological help. *Journal of Counseling Psychology*, *53*(3), 325-337.

Wallace, B. C., & Constantine, M. G. (2005). Afrocentric cultural values, psychological help-seeking attitudes, and self-concealment in African American college students. *Journal of Black Psychology*, *31*(4), 369-385.

Whaley, A. L. (1997). Ethnic and racial differences in perceptions of dangerousness of persons with mental illness. *Psychiatric Services, 48*(10), 1328-1330.

Table 1

Zero-Order Correlations for Study Variables

Variable	1	2	3	4	5	6	7	8
1. Self-Transcendence	—							
2. Self-Enhancement	−0.60***	—						
3. Openness to Change	−0.14*	0.10	—					
4. Conservation	−0.25***	−0.33***	−0.64***	—				
5. SSRPH	−0.22***	0.16**	−0.08	0.07	—			
6. SSOSH	−0.21***	0.13*	−0.05	0.07	0.42***	—		
7. K6+	0.08	−0.03	−0.12*	−0.04	0.15**	0.06	—	
8. Previous Help	0.13*	−0.02	−0.11*	−0.04	0.05	−0.12*	0.18**	—
Mean (SD)	0.39 (0.41)	−0.58 (0.64)	0.27 (0.45)	−0.24 (0.44)	2.50 (0.78)	2.50 (0.78)	8.92 (5.23)	No = 56.7%
Range: Min, Max	−0.70, 1.57	−2.39, 1.62	−1.42, 1.80	−1.57, 1.13	1.00, 5.00	1.00, 4.70	0, 24	

Note: N = 342. All personal values variables were mean-centered across all values. Zero corresponds to the average score of all values, negative scores correspond to a value that was rated as less important than the mean, and positive scores correspond to a value that was rated as more important. Previous Help, "have you ever visited a counselor to discuss a mental health concern, such as depression, anxiety, or a relationship concern?" is coded such that 0 = *no*, 1 = *yes*.

*$p < .05$. ** $p < .01$. *** $p < .001$.

Table 2

Zero-Order Correlations for Black/African American and White/European American Students

Variable	1	2	3	4	5	6	7	8	Mean (SD) Range: Min, Max B/AA
1. Self-Transcendence	—	−0.43***	0.10	−0.37***	−0.07	−0.11	0.11	0.02	0.30 (0.32) −0.70, 1.12
2. Self-Enhancement	−0.57***	—	−0.07	−0.30***	−0.01	0.16	−0.09	−0.06	−0.51 (0.56) −1.67, 0.71
3. Openness to Change	−0.20**	0.16*	—	−0.71***	0.17	−0.05	−0.05	−0.12	0.40 (0.41) −0.86, 1.68
4. Conservation	−0.26***	−0.39***	−0.59***	—	−0.09	−0.10	−0.10	0.08	−0.33 (0.44) −1.36, 0.47
5. SSRPH	−0.22**	0.17*	−0.16*	0.12	—	0.39***	0.09	0.06	2.59 (0.80) 1.00, 4.40
6. SSOSH	−0.21**	0.08	−0.04	0.14	0.45***	—	0.12	−0.05	2.43 (0.69) 1.30, 3.70
7. K6+	0.14*	−0.06	−0.23**	0.04	0.17*	0.08	—	0.15	9.52 (5.37) 0, 24
8. Previous Help	0.19**	0.00	−0.15*	−0.09	0.04	−0.21**	0.23**	—	No = 60.7%
Mean (SD) Range: Min, Max W/EA	0.41 (0.43) −0.68, 1.53	−0.57 (0.65) −2.39, 1.62	0.23 (0.46) −1.42, 1.54	−0.21 (0.46) −1.57, 1.13	2.50 (0.73) 1.00, 4.00	2.55 (0.69) 1.00, 4.70	8.35 (5.08) 0, 24	No = 53.9%	—

Note: All personal values variables were mean-centered across all values. Zero corresponds to the average score of all values, negative scores correspond to a value that was rated as less important than the mean, and positive scores correspond to a value that was rated as more important. B/AA (n = 89); W/EA = White/European American (n = 193). B/AA correlations are shown above the diagonal, and W/EA correlations are below. Previous Help is coded such that 0 = *no*, 1 = *yes*. *$p < .05$. ** $p < .01$. *** $p < .001$.

Table 3

Results of Invariance Tests between Black/African American and White/European American Students

Path	**Chi-Square Difference between Freely Estimated and Constrained Path (*df* = 1)**	***p* value**
Self-Transcendence to Public Stigma	0.19	0.66
Self-Enhancement to Public Stigma	0.28	0.60
Conservation on Public Stigma	0.81	0.37
Openness to Change to Public Stigma	2.83	0.09
Distress to Public Stigma	0.90	0.34
Previous Help to Public Stigma	0.00	1.00
Public Stigma to Self-Stigma	1.56	0.21
Self-Transcendence to Self-Stigma	0.04	0.84
Self-Enhancement to Self-Stigma	1.78	0.18
Distress to Self-Stigma	0.02	0.89
Previous Help to Self-Stigma	2.08	0.15

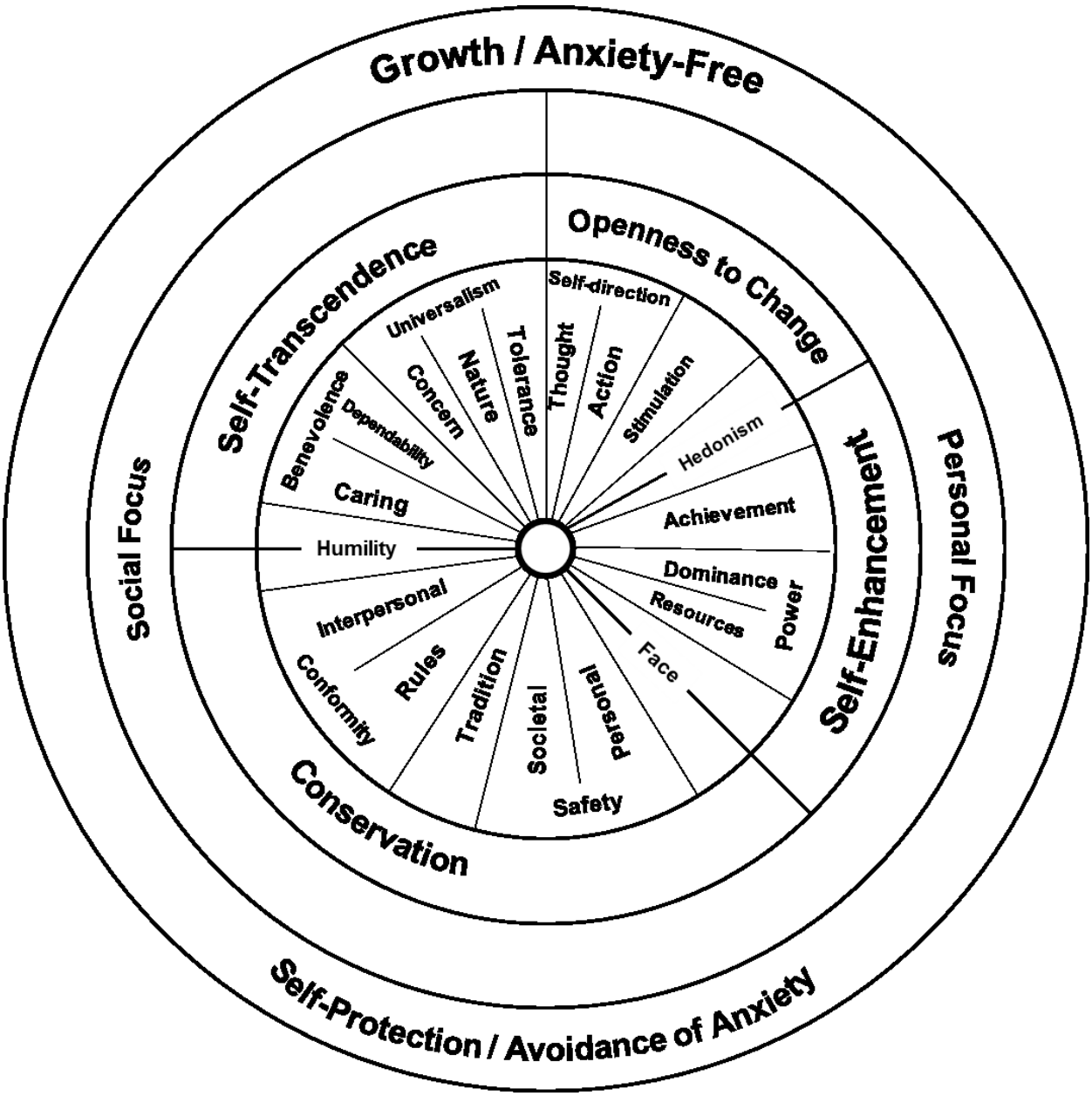

Figure 1. Motivational circumplex of 19 values with underlying sources (see Schwartz et al., 2012).

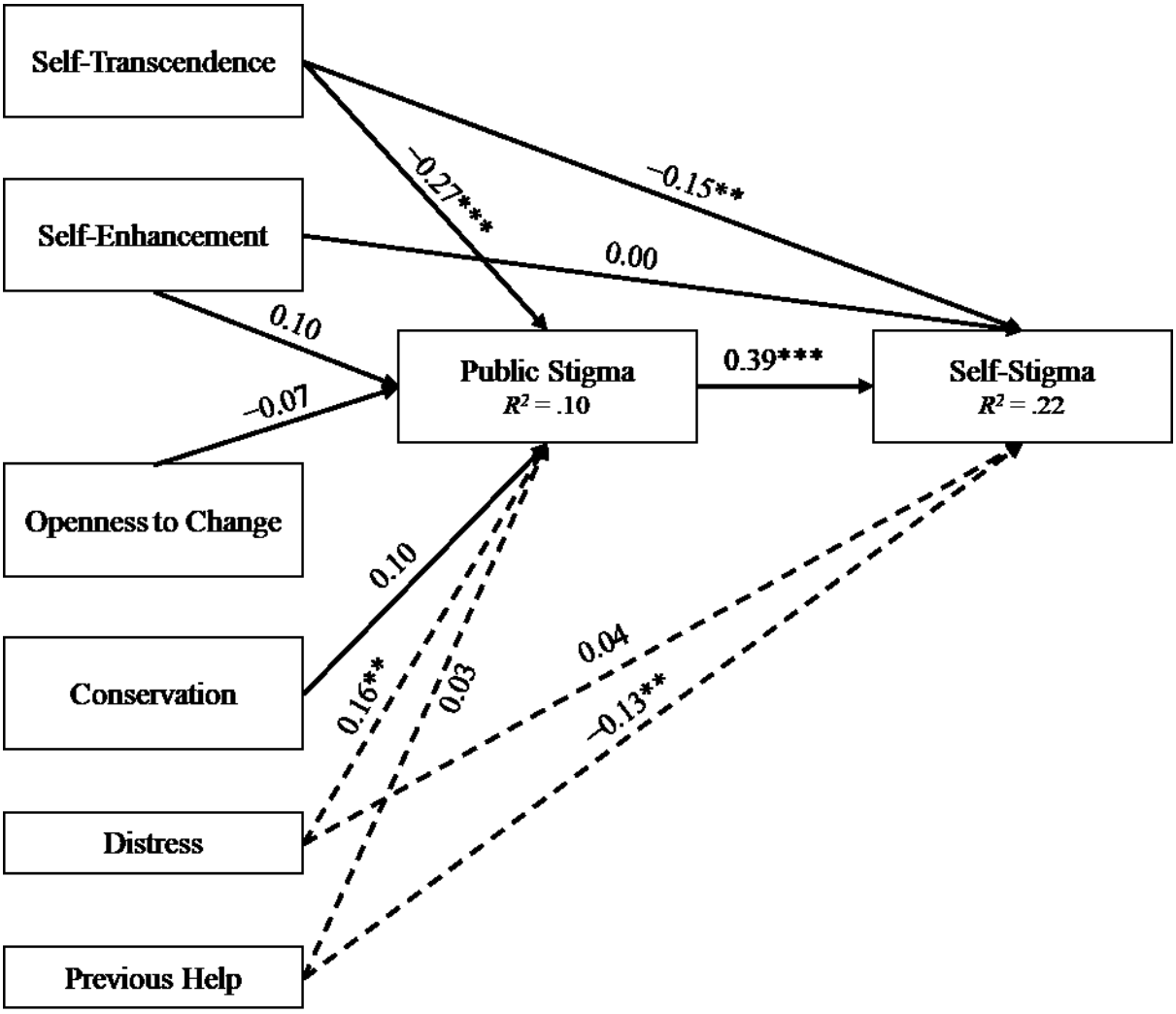

Figure 2. Final Model. Paths from control variables (distress and previous help) are depicted with dashed lines. All path coefficients represent standardized beta values. Previous Help is coded such that 0 = *no*, 1 = *yes*.

** $p < .01$. *** $p < .001$.

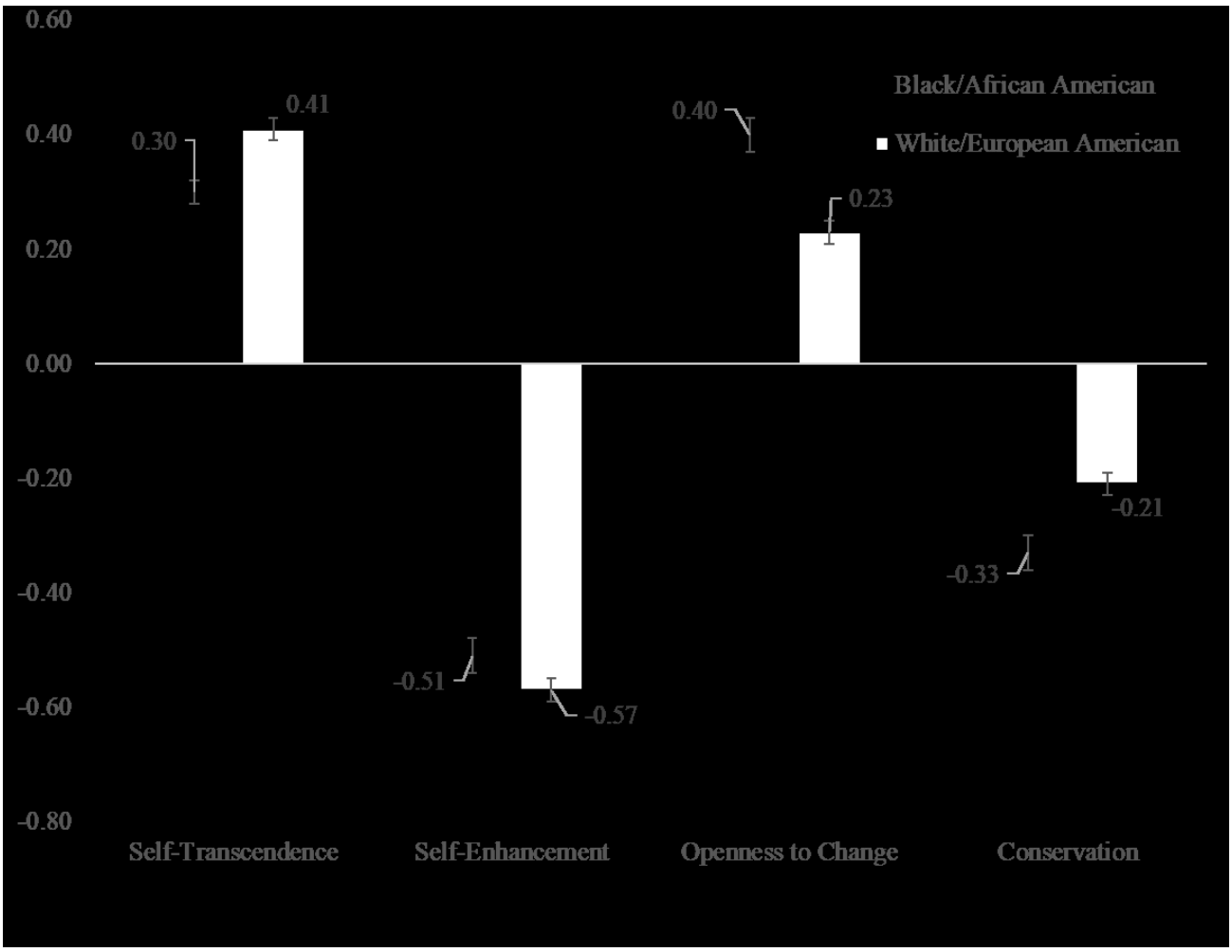

Figure 3. Relative higher-order value-priorities for Black/African Americans and White/European Americans. Values scores have been mean-centered; Zero corresponds to the average score of all values, negative scores correspond to a value that is rated as less important than the mean, and positive scores correspond to a value that is rated as more important. Statistically significant group differences are denoted by asterisks.

* $p < .05$. ** $p < .01$.